_	Effective October 1, 2003 10/663674													
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
	<u>י</u>	TOTAL CLAIM	IS 						RATE	FEE	7	RATE	FEE	1
	F	OR	NUMBE	NUMBER FILED .		NUMBER EXTRA		BASIC FEE 385.00		OF	BASIC FEE	770.00	1	
	TOTAL CHARGEABLE CLAIMS				minus 20=		•		X\$ 9=		OF	X\$18=		1
	INDEPENDENT CLAIMS			1	- minus 3 =				X43=		OR	You		1
	М	ULTIPLE DEPI	ENDENT CLAIM	PRESENT	RESENT				+145=	1	OR			1
26	* !	the difference	e in column 1 i	s less than	ess than zero, enter "0" in column 2				TOTAL		OR	L	170	n e
C	C	6/29/04·	CLAIMS AS	AMENDE	MENDED - PART II							OTHER	THAN	1
Ir		1	Τ	(Colun		(Column 3)	1 r	SMALI	ENTITY	OR	SMALL			
	ENTA		REMAINING AFTER AMENDMENT		PREVIO	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	_ ADDI <u>-</u> TIONAL _ FEE	
		Total	.25	Minus	-2)	= 5		X\$ 9=		OR	X\$18=	90.00	1
	A A	_Independent_	ENTATION OF A	Minus	1 1	/			X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDEN				PENDENT	CLAIM			+145=		OR	+290=		
-		The state of the state	and there are		L	-TOTAL		4	- TOTAL ADDIT: FEE	90.0				
 			(Column 1)		(Colum	n 2)	(Column 3)		ODII.1 CC			ADDIT. FEEL		-
AMENDMENT	ם האו		CLAIMS REMAINING AFTER AMENDMENT	-	HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	2	Total	* .	Minus *	**		=	Γ	X\$ 9=		OR	X\$18=		
		Independent	*	Minus	***		=		X43=		OR	X86=		
╚		rinsi Phese	NTATION OF MI	JETIPLE DEI	PENDENIC	LAIM	 		+145=		OR	+290=		<u> </u>
	ADDIT							TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE			
_	(Column 1) (Column 2) (Column 3)									.: 3				
AMENDMENT C			CLAIMS REMAINING . AFTER AMENDMENT	•	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE	
	_[Total	*	Minus	_##		=		X\$-9=		OR	X\$18=-		_
	L	Independent	*	Minus	***	- 1	=	H	X43≈			X86=		
	1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												+290=		
** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20 enter 20.												TOTAL DOIT, FEE		
	T	ne *Highest Numl	ber Previously Paid	For (Total or	Independent)	is the h	ighest number (ound	in the app	ropriate box	in colu	nn 1.		

Application or Docket Number